\$ 360°°

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

FIRE Date: Permit #: Amount Paid:

\$360 \$37-16 ごろ

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. BAYFIELD COUNTY, WISCONSIN APPLICANT. MAR 22 2016 Refund: 6 828

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO TYPE OF PERMIT REQUESTED—> | LAND USE | SANITARY | PRIVY

Owner's Name: | Mailing Address: Authorized Agent: (Pers Contractor: Address of Property: ior of the PROJECT LOCATION Section Bony 1/4, T \sqsubseteq Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes.— Legal Description: (Use Tax Statement) , Township Peterson 44 N, Range 2 on behalf of Ow 灵 ıer(s)) 200 8 PIN: (23 digits)
04-004-2-44-69-0 3065 Bang Barnes W Contractor Phone: ٤ Agent Phone: City/State/Zip: If yes---continue (incl. Intermittent) -continue Town of: conditional use specific speci LakeRd Plumber:
Rasmussen
And Rasmussen
Agent Mailing Address (include City/State/Zip): Distance Structure is from Shoreline : Distance Structure is from Shoreline : OY-Y-2 OS OOS-☐ SPECIAL USE 2 Volume 272 Subdivision: Recorded Document: (i.e. Property Ownership)
Volume Page(s) 536 54873 B.O.A. L. C. Telephone: 1073 715-795-2753 Is Property in Floodplain Zone? □ Yes □ No Plumber Phone: 715-798-335 2108-340-9825 Written Authorization う。 う。 Seeding No Are Wetlands
Present?
□ Yes
□ No Acres

Proposed Construction:	Existing Structur					3	2000	ጉ		Value at Time of Completion *include donated time &
uction:	Existing Structure: (If permit being applied for is relevant to it)			Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration		Project
	or is relevant to it)	1		☐ Foundation	□ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	↑ 1-Story	# of Stories and/or basement
Length: 38	Length:							Year Round	☐ Seasonal	Use
					□ None		<u>ک</u> س	□ 2	1	# of bedrooms
width: 59 Height:	Width: Height:	T GET	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
***************************************						gallon)		₩ell	☐ City	Water

Proposed Use	٠	Proposed Structure	Din	Dimensions	Footage
	4	Principal Structure (first structure on property)	821	x \$Y)	-5
		Residence (i.e. cabin, hunting shack, etc.)	^	×	
		with Loft	(×	
Residential Use		with a Porch	(×	
		with (2 nd) Porch	(x)	
		with a Deck	(x)	
		with (2 nd) Deck	(×	
Commercial Use		with Attached Garage	_	× 	
1		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		×)	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)		×	W.,
Municipal Use	9	Accessory Building (specify)	_	×	
		Accessory Building Addition/Alteration (specify) '	_	×	
		Special Use: (explain)	-	×	
Secretarial Staff		Conditional Use: (explain))	×	
		Other: (explain)	_	×	

Owner(s): FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. winer(s): A Bretta A Televary

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date \mathcal{W}

Authorized Agent:

Address to send permit

(If you signing on behalf of the owner(s) a O 6 S Bo A4owner(s) a letter mpany this

8

Date

If you recently purchased the Attach
Copy of Tax Statement
property send your Record Recorded Deed

278

		-pes:	Hold For Fees	∄	ศ For Affiday	H.	TRA:	Hold For		old For Sanitani
Date of Approval: S/M6	Date of A							3	ctor:	Signature of Inspector:
	:. -						S	STATES OF	E	
			iched.)	- (If <u>No</u> they need to be attached.)	'No (If <u>No</u>	ned? Yes	Committee or Board Conditions Attached?	or Board Cor	n, Committee	Condition(s):Town,
nspection:	Date of Re-Inspection:				19	pect		11 91		Date of Inspection:
\mathfrak{A} (\mathcal{R}) cation (\mathfrak{R})	Zoning District Lakes Classification)				Ń	Inspection Record:
□ No	□ Yes	ented by Owner operty Surveyed	es Repres Was Pn	Were Property Lines Represented by Owner Was Property Surveyed			® Yes □ No □\Yes □ No		Parcel Legally uilding Site De	Was Parcel Legally Created Was Proposed Building Site Delineated
· ·	e #:	e (B.O.A.) Case	y Varianc	Previously Granted by Variance (B.O.A.) Yes N.No				Case #:	ıce (B.O.A.)	Granted by Variance (B.O.A.) Yes NNo
red 🗆 Yes 🐧 No ned 🗀 Yes 🖎 No	Affidavit Required Affidavit Attached	(No No	□ Yes	Mitigation Required Mitigation Attached	N N N	ous Lot(s))	(Deed of Record) (Fused/Contiguous Lat(s))	□ Yes	Is Parcel a Sub-Standard Lot arcel in Common Ownership s Structure Non-Conforming	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
				6	のら	Permit Date:			8	ermit#:
91-86-1	Sanitary Date:	ooms: 3	# of bedrooms:	2	ber: 16-17 9 enial:	Sanitary Number: Reason for Denial:	Only)	unty Use	mation (Co	Issuance Information (County Use Only) Permit Denied (Date):
<u>Privy (P)</u> , and <u>Well (</u> W). un. _{Blling} Code.		DF), Holding Tar ction or Use has inforce The Unifc e permits.	in field () if Constru uired To F	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST). Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.) Year from t slling: ALL M State or Fe	(s) of New Cor s Expire One (1 wo Family Dwe wn, Village, City	ed Location(Id Use Permits New One & T The local Tov	ark Propos TICE: All Lar Istruction Of	Stake or M NO For The Cor	(9)
must be measured must be visible from seed site of the structure, or must be	e setback must be me the proposed site of t	ary line from which the ner within 500 feet of	k, the bound a known cor	iner previously surveyed conter or trianced by a licensed surveyor at the woner's expense; for to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback re previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proporary at the owner's expense.	(30) feet from the	but less than thirty (crifiable by the Depa	drveydr at the low than ten (10) feet i veyed corner, or ve	a by a licensed sistructure more in structure more in previously survings survings expense.	to construction of a corner to the other construction of a corner to the other weyor at the owner.	er previously surveyed r to the placement o previously surveyed ked by a licensed sur
rom ane previously surveyed corner to the	ne visible from one pre	st be measured must b	setback mu	oundary line from which the setback must be measured must be visible fr	Feet required setback, the bo	e minimum require	ck to Privy (Portable, Composting) the placement or construction of a structure within ten (10) feet of the minimum n	Composting) of a structure within	(Portable, Co	etback to Privy (Portable, for to the placement or construction
Feet				Setback to Well	Feet			ding Tank		etback to Septic Tank or Holding Tank etback to Drain Field
Feet			dplain	Elevation of Floodplain	Feet	E			from the East Lot Line	Setback from the
Feet		7	tland	Setback from Wetland	Feet	435		ne ne	South Lot Li	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot line
Feet		ream, Creek Bluff	River, St Bank or	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Feet		ау	Right-of-Wa	Established	Setback from the Established Right-of-Way
Feet	er mark)	dinary high-wat	Lake (or	Setback from the	Feet		oad	f Platted Ro	Centerline o	tback from the
by the Planning & Zoning Dept. Measurement		Changes in plans must be approved Description	inges in plans m Description			t point) Measurement	Setbacks: (measured to the closest point) Description Weas	measured t	Setbacks: (m	(8)
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Merr					(م)	for Septic	Propo Desve		·	72
	Ö)	```
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	/or (*) Privy (P)	g Tank (HT) and/or (*)	»ad) *) Holdin	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	ntage Road your Prope ank (ST); (*) ream/Creek	(*) Driveway and (*) Frontage Road (All Existing Structures on your Propel (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	(*) Drivew: All Existing (*) Well (W (*) Lake; (*) (*) Wetlan	on of (*):):):	Show Location of (*): Show: Show: Show: Show any (*): Show any (*):	(3) (5) (6)
						Proposed Construction	Proposed (on of:	Show Location of:	(1) (2)
				gelow. <u>Draw or Sketch your Property (regardless of what you are applying for)</u>	at you are c	Sai ciess el Wi	Links in A	MELCH FY-	STATE OF THE PARTY	The state of the s

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

MAY 17 2016 ____

Permit #: Refund: Amount Paid: \$ 19516 1000 1000 1000 5-19-6

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS Bayfield Co. Zoning Dep cant.

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	× -}				A second	Conditional Use: (explain)	Condition		
	×					Special Use: (explain)	Special Us		
WHW AND			PA-Pipunity months and a second months are a second months are a second months and a second months are a second months and a second months are a s	-	A A A A A A A A A A A A A A A A A A A			10777 1 mayou	» }
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	×					Building (specify)	Accessory Building	1	- SECURITION OF COL
	×				WATER TO SERVICE THE PROPERTY OF THE PROPERTY	Addition/Alteration (specify)	Addition/		
	×			***************************************	ite)	Mobile Home (manufactured date)	Mobile H		
	: ×		or □ cooking & food prep facilities) (ooking 8	sleeping quarters, o	Bunkhouse w/ (☐ sanitary, or ☐	Bunkhous		
	X)		-			ြင့			Commercial Use
	×					with (2"') Deck			•
	×					with a Deck			
	: ×		, (with (2"") Porch			
	: ×					with a Porch			Residential Use
	×	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				with Loft			
	×			•	shack, etc.)	e (i.e. cabin, hunting shack, etc.)	Residence		
800	1	8	E	Service Servic	ture on property)	Principal Structure (first structure on property)	Principal :		
Square Footage	17 (22 - 1825) O) III		i D	Proposed Structure		7	<	Proposed Use
1 1 %	Height:		Width: >C		Length: 😽()				roposed Construction:
	.		3			r is relevant to it)	ing applied fo	ermit be	xisting Structure: (if permit being applied for is relevant to it)
			de la Circ			and the state of t			
			None None			Foundation		Property	
	act)	e contr	- 1	None			Run a Business on	n a Bus	
n)	Vaulted (min 200 gallon)	Vault	Privy (Pit) or		**	1	Relocate (existing bldg)	locate	1
	Type:	Specify	Sanitary (Exists):	□ 3	Jan 2013	□ 2-Story	'n	□ Conversion	3 ,880. 8 □ Co
□ Well	Туре:	Specify	☐ (New) Sanitary S	<u> </u>	☐ Year Round	□ 1-Story + Loft	☐ Addition/Alteration	dition/	□ Ad
☐ City			☐ Municipal/City	1	☐ Seasonal	1-Story	New Construction	w Con	0000
Water	of System serty?	What Type er/Sanitary on the prop	What Type of Sewer/Sanitary Syste Is on the property?	of bedrooms	Use	# of Stories and/or basement) Project	Value at Time of Completion * include donated time &
				-					Non-Shoreland
□ No	No Yes	*	cture is from Shoreline :	Distance Structure	Pond or Flowage If yes—continue —	Is Property/Land within 1000 feet of Lake, Pond or Flowage	ty/Land within	Propert	
Are wetlands Present?	IS Property in Floodplain Zone?	-		UN O	-continue -	Creek or Landward side of Floodplain?	ndward side o	ek or La	Crecision Crec
			cture is from Shoreline :	Distance Stru	(incl Intermittent)	300 feet of River Stre	within	Propert	
S	660 Acreage		Lot Size	Š	Town of:	N, Range W	Same .	, Township	Section 30,
		Subdivision:	Block(s) No.	Lot(s) No.	M Vol & Page	Lot Lot(s) CSM	Gov't Lot	1/4	N W 1/4, SS
erty Ownership) s) 255	Page(s) 255	ne ded Do	Volume 6	2 7	PIN: (23 digits) 04- 2- 44-	(Use Tax Statement) 04- C		Legal Description:	PROJECT Lega
Written Authorization Attached Nes No	Written A Attached		Agent Mailing Address (include City/State/Zip):	ent Mailing Ad		Age	lication on behalf	gning App	uthorized Agent: (Person Signing Application on behalf of Owner(s))
hone:	Plumber Phone:		\frac{1}{2}	Plumber:	Contractor Phone: Plu	Con	R	(0,	ontractor:
Cell Phone:	Cell Phone		×	なない。	City/State/Zip:	% €	Service S		iddress of Property:
	Telephone:	D. Page	/State/Zip:	City	Maijing Address: Mok Wood Park Charlestip: Lacre		g.	ST N	Jillian D
THER	B.O.A. OTHER	ří	LUSE SPECIAL USE	☐ CONDITIONAL USE	□ PRIVY	USE SANITARY	► □ JAND USE		YPE OF PERMIT REQUESTED.
						TO DEED TO COUNTY FOR	TE PENIALIS LIMA	WHITE AL	NCI SIARI CONSIROCION

ing on behalf of the ow an letter authorization must Copy of Tax Statement recently purchased the property send your Recorded Deed Date Owner(s): _____() If there are Multiple

Deed All Ow

must sign <u>or</u> letter(s) of

Date

ete. I (we) ackno I (we) further ac

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit may be a result of Bayfield County relying of this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering count above described property at any placeage of the purpose of information.

Authorized Agent:

(If you

Address to send permit

Wp. Hold For Sanitary: Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Signature of Inspector HUMM Date of Inspection: Condition(s):Town, Committee or Board Conditions Attached? Granted by Variance (B.O.A.)

☐ Yes □▼No Issuance Information (County Use Only) Inspection Record: Permit #: Permit Denied (Date Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Prior to the placement of their previously surveys Setback to **Drain Field**Setback to **Privy** (Portable, Composting) Was Parcel Legally Created
Was Proposed Building Site Delineated Setback to Septic Tank or Holding Tank Setback from the Centerline of Platted Road Setback from the Established Right-of-Way \$ 3 Please complete (1) - (7) above (prior to continuing) In the box below: Draw or Sketch your Property (regardless of what you are applying for) to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from reviously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be leaned 9000 The start (1) (2) (3) (4) (5) (6) (7) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Show any (*): Show any (*): Show: Show: Show Location of: Show / Indicate: Description Show Location of (*): NAM S R S and of a structure within ten (10) feet of the arked by a licensed surveyor at the owne つくる Case #: Hold For TBA: □ Yes (Deed of Record)
□ Yes (Fused/Contiguous Lot(s))
□ Yes the last X Yes Resir North (N) on Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% **Proposed Construction** □ No ででし CONTROL OF danes Inspected by: Sanitary Number: Permit Date: Reason for Denial: Measurement ୁ Yes 3388 8 Hold For Affidavit: 2 no Gif No they need to be attached.) Ų No No Feet Feet Feet Feet Feet 4 Previously Granted by Variance (B.O.A.)

O Yes XNo Mitigation Required Witigation Attached Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed dary line from Setback to Well Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback from the which the setback Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Lake (ordinary Description **€**\} high-water mark) Affidavit Required Affidavit Attached □ Yes Date of Re-Inspection: Lakes Classification Zoning District Sanitary Date: Date of Approval: ☐ Yes isly surveyed corner to the Measurement □ Yes 8 $ar{\mathcal{Q}}$ 8 8 ₹ 20 Feet Feet Feet Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

DAY 20 MAY 20 2016 m

Date: Refund: Permit #: 6 500-16

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Real Dept. Coming Dept

YPE OF PERMIT REQUESTED	ESTED —>	LAND USE		SANITARY	□ PRIVY □	CONDITIONAL USE		SPECIAL USE	□ B.O.A. □	OTHER
)wner's Name:	\			Mailing Address:	AUS OC	Oty/s	OK'S	W,	Telephone:	one:
Address of Promerty:	o Ch	1 de		City/State/Zip:	tate/Zip:		*	52/87	Cell Phone:	Cell Phone: 262-470-0183
ontractor:		3		Contract		Plumber:	· Minn Rin	á	Plumb 7/5	Plumber Phone: 715 558-6560
zed Agent:	(Person Signing Application on behalf of Owner(s))	ition on behalf	of Owner(s))	Agent Ph つノイス	Agent Phone: Ag	S 3300 Sock	Agent Mailing Address (include City/S	Syrves Syrves	ハ) Written A Attached	Written Authorization Attached X Yes □ No
ATION	Legal Description	- 1	(Use Tax Statement)	PIN: (23 digits)	<i>)</i>	× 7-85	2-05-03-11-056	Recorded [Volume	ocument: (i.e. Pr	73 Y I
NE 1/4, NEU	1/4	Gov't Lot	Lot(s)	2	700 les	Lot(s) No.	Block(s) No.	Subdivision	13	
Section 4	, Township	N AB	N, Range	W	Town of:	58N.		Lot Size 25, 9,00	55.7+	Acreage
	Is Property/ reek or Land	Land within	Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?		Stream (Incl. Intermittent)	Distance Structure	ture is from Shoreline :	eline : feet	Is Property in Floodplain Zone	≥
AShoreland —≽ ⊻	ls Property/	Land within	$oldsymbol{X}$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ke, Pond c If yes-	Pond or Flowage	Distance Structure	ture is from Shoreline :	eline : feet	□ Yes	a Yes □ No
Non-Shoreland										
Value at Time of Completion * include donated time &	Project		# of Stories and/or basement	es ent	Use	# of bedrooms	Sew Is	What Type of Sewer/Sanitary System Is on the property?	e of y System perty?	Water
<i>,</i>	X. New Construction Addition/Alteration	uction	★ 1-Story +	- N	Year Round	№ 2	☐ Municipal/City	ary Specify	y Type: Consessioni	☐ City
128000 C	Conversion		□ 2-Story		Annihatatatatata	3	☐ Sanitary (Exists) Specify Type:	xists) Speci	pecify Type:	
	Run a Business Property	ess on	☐ No Basement	nent	***************************************	□ None	☐ Portable (w/service contract) ☐ Compost Toilet	service con	tract)	-
							□ None			
Existing Structure: (if permit being applied for is relevant to it)	permit bein	g applied for	ris relevant to it		80		2	7	Height:	19.0
Proposed Construction					Length: 32		Main: 5		Height:	20
Proposed Use	\			Pri	Proposed Structure	В		ום	Dimensions	Square Footage
	×	Principal s Residence	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)	t structur	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)			- 2	` × S 3)	148400 7
Residential Use	X		with Loft with a Porch				į	(/ 2	/ × /½)	1975:94
	•		with (2 nd) Porch	orch				-	: ×	٣
	×		with (2 nd) Deck	eck				(00)	× × ×	
Commercial Use			with Attached Garage	ed Garag	ë			_	×)	
		Bunkhous	Bunkhouse w/ (□ sanitary, or		☐ sleeping quarters, <u>or</u>	□ cooking	& food prep facilities)	(s)	× ×	
		Mobile Ho		ured date)	And the second s				×××	
☐ Municipal Use		Addition/Alteration Accessory Building	=	(specify)					× ×	
Rec'd for Issuence		Accessory	Þ	ition/Alte	eration (specify))	X	
		Special Us	Special Use: (explain)		MATERIAL		HEALTH AND THE PROPERTY OF THE		x)	
î		Condition	Conditional Use: (explain)	1)		A CONTRACTOR OF THE CONTRACTOR	White the second	-	×	
Secretarial Staff	2#	Other: (explain)	plain)						×	
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	cation (including detail and accur County relying o	FAILURE TO any accompanyl accompanyl acy of all information this information	OBTAIN A PERMIT ing information) has b lation I (we) am (are) on I (we) am (are) pr	T OF STARTING or	VG CONSTRUCTION VE d by me (us) and to the strain that it will be relied up with this application. I (VITHOUT A PERMIT DEST OF MY (OUT) KNOW ON by Bayfield Count We) consent to count	T WILL RESULT IN PE viedge and belief it is tri ly in determining wheth ty officials charged with	NALTIES Je, correct and le er to issue a pe administering	complete. I (we) ackn rmit. I (we) further a county ordinances to	owledge that I (we) cept liability which have access to the
illay be a result of payment	County Leight C	III CIII CIII CIII CIII	on t (wee) and (and) for	Serial Serial	STATE CONTRACTOR OF THE PROPERTY OF THE PROPER	and address to down	.,	0		

Authorized Agent:

ing on behalf of the owner(s) a letter of authorization

pled All Owners must sign or letter(s) of authorization must accompany this application)

Date

S

4

Date

Address to send permit

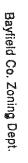
Hold For Sanitary:		This go wo	(s):Town,	Date of Inspection: 52	Inspection Record:	Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 16-0107	Issuance Information (County Use Only) Permit Denied (Date):	(9) stake or t	Prior to the placement or construction one previously surveyed corner to the marked by a licensed surveyor at the o	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure with other previously surveyed comer or marked by a licensed	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8)	Diego complete (1) - (Tieto	7	D. Care		5	(4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	동 왕 :
Hold For TBA:			ee or Board Conditions Attach	16	Ca strained	ally Created S Yes □ No	Case #:				Mark Proposed Location(s) of I NOTICE: All Land Use Permits Expire Construction Of New One & Two Fari	of a structure more than ten (10) feet but less t other previously surveyed corner, or verifiable l uner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum requester previously surveyed comer or marked by a licensed surveyor at the owner's expense.	iolding Tank		Line 2	e of Platted Road ed Right-of-Way		Setbacks: (measured to the closest point)	(7) above (prior to continuing)	2. A		£ [,	<u>.*</u>
Hold For Affidavit:			o they	Inspected by: DCLC		Were Proper	Previously Gran	Lot(s)) SNo Mitigation Required Mitigation Attached	Permit Date: 500 -1/6	Sanitary Number: 16-30S Reason for Denial:	Nake or Mark Proposed Location(s) of New Construction, Septic Tank (51), Drain Held (97), Following Palis (11), Frity (17), Septic Tank (51), Drain Held (97), Following Palis (11), Frity (17), Septic Tank (51), Drain Held (197), Following: NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	than thirty (30) feet from the minimum required by the Department by use of a corrected compa	war required setback, the boundary line from wense.	Feet Setback to Well	Feet	f Feet Feet	Feet Setback from	Measurement	t)	Lot LINE				See Jan	Deck .	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/o: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (Non-Piot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)
Hold For Fees:			need to be attached.)			Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) □ Yes 🎏 No Case	□ Yes □ No		# of bedrooms: 3	The Default lie of the Default lie of the Default lie of the Default lie of the Uniformary also require permits.	d setback, the boundary line from which the ass from a known corner within 500 feet of the contract of the con	line from which the setback must be measured must be	Well	20% Slope Area on property Elevation of Floodplain	m Wetland	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Sethack from the Bank or Bluff	Description	Changes in plans must be appr					7	Steche	DF); (*) Holding Tank (HT) and/o	ge Road)
1112/9	Date of Approval:			₫.	Zoning District (* *Le&*) Lakes Classification (* 3*)	ZYes □ No	**	Affidavit Required		Sanitary Date: 5001/6			visible from one previously surveyed corner to the	20.sh Ff Feet	Yes No		r mark) 40 Feet Feet		oved by the Plan		Pia	Control of the second			 *	or (*) Privy (P)	

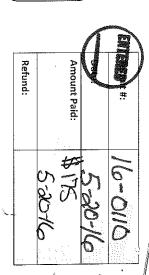
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN







INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Contractor:

The Contractor:

Authorized Agent: Address of Property
3490 PROJECT LOCATION Section 1/4 JULUSON - COMING API 0 Marinon B Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, , Township 1/4 니 N, Range Lot(s) City/State/Zip:

Turne S

Contractor Phone: 5443 Hermanbun all Hermanbun Agent Phone: , Stream 1054 Barnes , Page 990 ittent) 5 Plumber: Agent Mailing Address (include City/State/Zip): Distance Structure is from Shoreline: (5- 002-80000 Block(s) No. ☐ SPECIAL USE Volume Subdivision: MN 55810 ☐ B.O.A. ☐ OTHER

Telephone: 208591888 Written Authorization
Attached
Pes © No Plumber Phone: Yes UNde. Property (Page(s)__ 3.05 Ownership)

	Creek or Landward side of Floodplain?		If yescontinue>		feet	Floodplain Zone?	Present?
⊈Shoreland —▶	s Property/Land within 1000 feet of Lake, Pond or Flowage! If yescontinue	1000 feet of Lake, Pon	Pond or Flowage If yescontinue —	Distance Stru	Distance Structure is from Shoreline : $\frac{700}{}$ feet	□ Yes Æ No	□ Yes ℤNo
Non-Shoreland ■							
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	oe of Yy System openty?	Water
	KNew Construction	☐ 1-Story	Seasonal	□ 1	□ Municipal/City		□ City
^) *	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	[(New) Sanitary Specify Type:	fy Type:	- R Well
2 2/ 1/00	□ Conversion	☐ 2-Story	Volu	□ 3	مرید Sanitary (Exists) Specify Type:	ify Type:	
	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	lted (min 200 gallon	
	□ Run a Business on	☐ No Basement		₹ None	Portable (w/service contract)	ntract)	<u> </u>
	Property	⅓ Foundation		•	□ Compost Toilet		
					□ None		
Existing Structure	Existing Structure: If permit being applied for is relevant to it)	r is relevant to it)	Length:		Width:	Height:	•
			I careta	20	-	Holinht: />	
Proposed Construction:	Ction:		Length: 5		Width: 50	meignt: [C	

			The second secon	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Proposed Use	Υ.	Proposed Structure	ᄗ	Dimensions	Square Footage
		Principal Structure (first structure on property)		х)	
		Residence (i.e. cabin, hunting shack, etc.)	(х)	
		with Loft	_	×	
& Residential Use		with a Porch	(×)	
		with (2 nd) Porch	(x)	
		with a Deck)	x)	
		with (2 nd) Deck		×	
☐ Commercial Use		with Attached Garage		×)	~~~
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(х)	
		Mobile Home (manufactured date)	(X)	***************************************
		Addition/Alteration (specify)	(X)	
☐ Municipal Use	(2)	Accessory Building (specify)	~ %	30 × 50)	[5%
		Accessory Building Addition/Afteration (specify)		×	
Rec'd for Issuance	<u>6</u>				
		Special Use: (explain)	_	×	
- XX 20 20 50		Conditional Use: (explain)	(х)	
		Other: (explain)	(X)	
Sentatarial Staff	Ħ				

DECIDIBITIAL SIBIL FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (I/we) acknowledge that I (we) trive) declare that this application (including any accompanying information) has been examined by me (us) and to the bast of my (our) knowledge-and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be peried upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County (relying on this information I (we) providing and that it will be peried upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County officials charged with administering county ordinances to have access to the above described property at any percentage. Deed All Owners mus ompany this application) \mathcal{N} 16

Authorized Agent:

Address to send permit

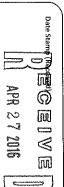
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

		Hold For Fees; [.]		Hold For Affidavit:	Total State of the Control of the Co		
oval: 5/19/16	Date of Approval:					\$100 pt 100 pt 1	
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,,	Set breks.	Must Mest		habithe	D. Luman	P	
Ction:	Date of Ke-Inspection:	attached.)	No ⊤(If No they need to be attacl		Attached?	Condition(s): Town, Committee or Board Conditions	Cand
· (P)	Zoning District (Lakes Classification (· 012	Driveway Columnity	Inspec Dri
□ No	AYes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Line	***************************************	Ryes No	Was Parcel Legally Created Was Proposed Building Site Delineated	Wasi
	- #	(B.O.A.)	Previously Granted by Variance ☐ Yes 夕 No			Granted by Variance (B.O.A.) 以es: [// No	Granteo
□ Yes □Ño □ Yes ☑No	Affidavit Required Affidavit Attached	ZNO	Mitigation Required Mitigation Attached	Z'No Z'No Z'No	(Deed of Record) (Fused/Contiguous Lat(s))	Is Parcel a Sub-Standard Lot	Is P is Parce is St
			9/20	1334	Permit Date:	16-0110	Permit #:
				Reason for Denial:		Permit Denied (Date):	Permit E
:	not begun. form Dwelling Code.	Construction or Use has rired To Enforce The Uniforce or require permits.	n the Date of Issuance if I Municipalities Are Requi Federal agencies may als	le (1) Year from Dwelling: ALL City, State or I	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits. ation (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:	3	Issuan
ucture, or must be	f the proposed site of the structure, or must	n field (DF) Holding Tan	e of a corrected compass from a	Department by use	orner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet or export the owner's expense.	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (a) Ctake or Mark Proposed I octation(s) of New Construction Sentic Tank (ST) Drain field (DE) Holding Tank (HT) Privy (P) and Well (W)	one previou marked by
ed must be visible from	ne setback must be measured	, the boundary line from which th	the minimum required setback,	hirty (30) feet from	surveyor at the owner's expense, e than ten (10) feet but less than t	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3	other previ
ly surveyed corner to the		etback must be measured must b	houndary line from which the setback	2 2	in ten (10) feet of the minimum re	Setback to Privy (Portable, Composting)	Setback Prior to the
Feet	***************************************		Setback to Well	Feet		Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback Setback
Feet		plain	Elevation of Floodplain	Feet	953	Setback from the East Lot Line	Setback
res No	Yes	n property	Setback from Wetland 20% Slope Area on property	Feet	305	Setback from the West Lot Line	Setback Setback
		bank or bluit	Setback from the t	Feet	-6	from the North Lot Line	Setback
3		Setback from the River, Stream, Creek Setback from the Rank or Rhiff	Setback from the F	Feet	Way	Setback from the Established Right-of-Way	Setback
	3)5	; I	Cathook from the				
Measurement	7	Description		Measurement	Measu	B888	
ing & Zoning Dept	pproved by the Planning & Zoning Dept.	Changes in plans must be ap	Chan		or to continuing) to the closest point)	e complete (1) - (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	Ti a s s
							· · · · · · · · · · · · · · · · · · ·
			\	E T	V		
			Hacher)		- 19100
\	3/or (*) Privy {P}	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	perty (*) Drain Field (DF); (*) ek ; or (*) Pond 0%	es on your Propies on your Propies on Your Propies of ST); (Slopes over 20)	All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	(4) Show:(5) Show:(6) Show any (*):(7) Show any (*):	q
		3d)	า d (Name Frontage Roa	in Frontage Roa	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fro		
			e applying for)	f what you are	Property (regardless o	2	. on the

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Refund: #17S 16-011 ひらん

Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Value at Time of Completion	□ Non-Shoreland	□ Shoreland →		Section 15	NE 1/4, J.	LOCATION	PROJECT)1m 70%	Authorized Agent: (Pe	.)	Contractor:	20010		Parester &	Owner's Name:	TYPE OF PERMIT RE	O NOT START CONSTRU
# of Stories		Is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—	5 Township 44 N, Range 9	_1/4, \(\sigma_{\infty}\) 1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)		DANGON	Authorized Agent: (Person Signing Application on behalf of Owner(s))	CANSON CONST		S SING		Burks HILO LLC)	TYPE OF PERMIT REQUESTED—> 🛮 LAND USE 🔻 SAI	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
26		ke, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yescontinue>	-W SAME	CSM	た-ん・ナートの	PIN: (23 digits)	715 580 0432		7/5/5/5/07/37	-	TACKES !	City/State/Zip:	6466 Cityw. Au	Mailing Address:	☐ SANITARY ☐ PRIVY ☐	APPLICANI.
#	Meson of the samoet 12	Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	NES	Lot(s) No. Block(s) No.	0000 5-000-5-540-44-CA	,	715 580 0432 53200 Jackohne Lu Ban	Agent Mailing Address (include City/State/Zip): 3	v _e merjenneg mengenske skale	Plumber:	N SYE 73		6466 City W. Arkuny GOEN PAINE MN SSSUL	City/State/Zip:	□ CONDITIONAL USE □ SPEC	
What Type of	5.00 mg. 6.38 4.00	*	ř	TKACKES	Subdivision:	Volume	Recorded Document	" Barnes	State/Zip): ミタザフォ					n 55344	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SPECIAL USE B.O.A.	
		□ Yes □ Yes ※ No ※ No	Is Property in Are Wetlands Floodplain Zone? Present?	76 80BS	Across	Page(s)	Recorded Document: (i.e. Property Ownership)	X Yes I No	Written Authorization	- And the second	Plumber Phone:		Cell Phone:		Telephone:	A. DOTHER	

Proposed Construction:	Existing Structur				11,000	THE STATE OF THE S	**************************************		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	Addition/Alteration	☐ New Construction	Project
	or is relevant to it)		y. Foundation	✓ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft		# of Stories and/or basement
Length: 18 /2	Length: ソ6′						☐ Year Round	メ Seasonal	Use
12				□ None		3	□ 2	H K	# of bedrooms
Width: /2 '	Width: 26	□ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Ty	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: /2	Height: /2 '			(†)	(min 200 gallon)	ify Type: Con Con tract			
							X Well	City	Water

			Book for Issuance			- Municipal Use				☐ Commercial Use				★ Residential Use				Proposed Use
							*											١.
The control of the co	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	· · · · · · · · · · · · · · · · · · ·	Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
	_	_	-		-	_	_	_	_	_	_		_	F	_	-	-	
	×)	×	×	ANNOUNCE OF THE PROPERTY.	×	×	では ない では の で の に に に に に に に に に に に に に	×	×	×	×	×)	×	×	×	×	×	Dimensions
						-		144			100				The state of the s			Square Footage

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(We) decide that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) an are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which after the providing on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple Owner Date

हुद्धिन ता ति Deed हो। Owners must sign or letter(s) of authorization must accompany this application)

53700 gning on behalf of the owner(s) a letter of authorization must accompany this application) 3500

Address to send permit

Authorized Agent:

4

Date.

Attach
Copy of Tax Statement
roperty send your Recorded Deed

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum requester previously surveyed corner or marked by a licensed surveyor at the owner's expense. Issuance Information (County Use Only) Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback to **Septic Tank** or **Holding Tank** Setback to **Drain Field** Permit #: Permit Denied (Date): Hold For Sanitary: Signature of Inspector Many Condition(s): Town, Commit Date of Inspection: \$//7// Inspection Record: Granted by Variance (B.O.A.) Please complete (1) - (7) above (prior to continuing) Was Parcel Legally Created Was Proposed Building Site Delineated Is Parcel a Sub-Standard Lot UYes
Parcel in Common Ownership UYes
Is Structure Non-Conforming UYes ox below: Draw or Sketch your Property (regardless of what you are applying for) (1) (2) (3) (4) (6) (7) Ĝ mus set 8 9 Show any (*): Show any (*): Show: Show: Show Location of (*): Show / Indicate: Show Location of: Setbacks: (measured to the closest point) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). Description NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits. or Board Conditions Attached? \square Yes \square No \square (If No \square they need to be attached.) Case #: 700 Hold For TBA: *Morth*(N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% Proposed Construction ZYes (Deed of Record) (Fused/Contiguous Lot(s)) 9 □ 0 8 8 1001 Sanitary Number: Permit Date: Reason for Denial: 06 Measurement Hold For Affidavit: Feet Feet Feet Feet Feet Feet Feet Feet 8 8 8 8 8 8 けんとう $\ell \omega^j$ HHHAR 50 Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback to Well Elevation of Floodplain Setback from Wetland
20% Slope Area on property dary line from which the setback must be me 0 Were Property Lines Represented by Owner
Was Property Surveyed Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Hold For Fees: Description ୍ର Yes ୁYes BUT NOT Case #: Affidavit Required Affidavit Attached 25.00 □ Yes Sanitary Date: Lakes Classification Zoning District Date of Re-Inspection: Date of Approval: 5/20/6 M Yes Measurement □ Yes -1-23-02 7 Z 2 S Feet \$ \$ \$ S Feet Feet Feet